

Dear Requestor:

This letter is being sent to acknowledge receipt of your request for information on listings or mailing labels and to provide you the information that you will need in order for your request to be processed.

You may obtain lists in hardcopy, by electronic means or on diskettes (3 ½”) and labels of all individuals who hold an active Nebraska license, certificate, or registration to practice the health professions and occupations, health facilities and services, and early childhood providers, as indicated on the enclosed fee schedule. While the individuals hold active Nebraska licenses/certificates we do not maintain information concerning whether they are currently practicing, telephone numbers or practice specialties. However the information we maintain can be provided to you in the following formats:

LISTS: This information includes name, license number, mailing address, date of issuance, date of expiration, and Limitation or Probation start date if the license has these disciplinary conditions on it. You may request the list to be sorted in alphabetical or zip code order. This information can be delivered to you by hard copy, diskette, or by electronic means.

Diskettes are saved as text with headers, tab delimited, which is usable with spreadsheet programs such as Excel and other types of programs. The information on the diskette may be compressed and when downloaded to your computer it will automatically expand.

The electronic listing is the same as the diskette, and can be e-mailed to you.

LABELS: Mailing labels are available on pressure sensitive labels, three across, 30 per page or may be in strips.

TO ORDER: If you wish to request a listing or labels of any Health Professionals, Health Facilities and Services, or Early Childhood Providers, you must complete and submit the enclosed ORDER/INVOICE FORM together **with the correct fee**.

All listing and label requests will be processed and mailed to the requestor within ten working days of receipt of the completed ORDER/INVOICE FORM and **correct fee**. If you have any questions please contact the Administrative Staff at (402) 471-2115.

Sincerely,

Department of Health and Human Services
Regulation and Licensure
Credentialing Division

Enclosures: Fee Schedule
Order/Invoice Form

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Department of Nebraska Health & Human Services Regulations and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986

ORDER/INVOICE FORM

Name and Street Address of Requestor:

Contact person:

Phone Number:

E-Mail Address:

Indicate the type of list (hard copy, diskette or electronic) or labels you are requesting:

Health Professionals or Occupation

- ☐ Hardcopy*
- ☐ Diskette
- ☐ Electronic
- ☐ Mailing Labels

List below Health Professionals or Occupation requested, as indicated on the fee schedule.

Health Facilities or Services

- ☐ Hardcopy*
- ☐ Diskette
- ☐ Electronic
- ☐ Mailing Labels

List below Health Facilities or Services requested, as indicated on the fee schedule.

Early Childhood Programs

- ☐ Hardcopy*
- ☐ Diskette
- ☐ Electronic
- ☐ Mailing Labels

List below Early Childhood Programs requested, as indicated on the fee schedule.

***Select the order in which you want the hard copy sorted**

- ☐ Alphabetical
- ☐ Zip Code

Labels are sorted by Zip Code Only.

E-mail or diskette orders can be sorted as needed on your computer

Select correct amount from the enclosed fee schedule.

Amount Enclosed: \$ _____

Make check payable to **Credentialing Division**:

FOR OFFICE USE ONLY

COST OF ORDER: _____

DATE PAYMENT RECEIVED: _____

DATE List/Label/Diskette MAILED: _____